

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO.

FILED DATE

APPLICANT(S)

10827247

CLAIMS

	AD FILED		APPLICANT ASSIGNMENT		APPLICANT ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
1	1					
2		1				
3		1				
4		3				
5		1				
6		1				
7		1				
8		1				
9		1				
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TOTAL IND.	1	1				
TOTAL DEP.	13					
TOTAL CLAIMS	14					

	AD FILED		APPLICANT ASSIGNMENT		APPLICANT ASSIGNMENT	
	CHD	DEP	CHD	DEP	CHD	DEP
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TOTAL DEP.						
TOTAL CLAIMS						